




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Patent and Trademark  OMB 0651-0032
DEPARTMENT OF COMMERCE00148710 P. E. U.S. Department of Commerce
Rev. 6/95 Patent and Trademark Office

AUG 27 2001

DECLARATION

☒ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing

Attorney Docket Number

RLIS

First Named Inventor

Ross

COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Medical Records, Documentation, Tracking and Order Entry System

the specification of which

(Title of the invention)

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code § 119 (a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto.

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20504 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

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Page 2

I hereby claim the benefit under Title 35, United States Code § 102(b) of any United States application(s), or § 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Firm Name **James C. Wray**

Payor Number (if applicable)

Name	Registration Number	Name	Registration Number
James C. Wray	22,693		
Paul J. Riley	38,596		
Meera P. Narasimhan	P 40,252		

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

☒ Please direct all correspondence to: Name **James C. Wray**

Address **1493 Chain Bridge Road**

Address **Suite 300**

City **McLean** State **VA** ZIP **22101**

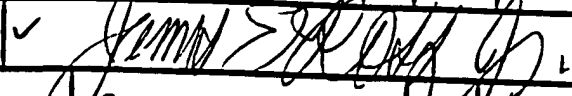
Country **U.S.A.** Telephone **(703) 442-4800** Fax **(703) 448-7397**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name **James** Middle Initial **E.** Family Name **Ross** Suffix **Jr.**

Inventor's Signature  Date **7/5/96**

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POST OFFICE ADDRESS **16 Ancient Bend**

City **San Antonio** State **TX** Zip **78248** Country **U.S.A.** Applicant Authority

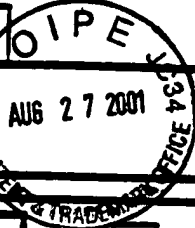
☒ Additional inventors are being named on supplemental sheet(s) attached hereto

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+



DECLARATION

AUG 27 2001

ADDITIONAL INVENTOR(S)
Supplemental Sheet

Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

Given
Name

William

Middle
Initial

J.

Family
Name

Lynch

Suffix

Inventor's
Signature

Date

7/5/96

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U.S.A.

Applicant
Authority

Name of Additional Joint Inventor, if any:

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NameMiddle
InitialFamily
Name

Suffix

Inventor's
Signature

Date

RESIDENCE: City

State

Country

Citizenship

POST OFFICE ADDRESS

City

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Zip

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Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

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Applicant
Authority☐ Additional inventors are being named on supplemental sheet(s) attached hereto

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